



*"Service with Excellence
& Integrity"*

Arkansas Department of Community Correction

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ADMINISTRATIVE DIRECTIVE: 00-02 PRENATAL CARE/PREGNANT RESIDENTS

TO: DEPARTMENT OF COMMUNITY CORRECTION EMPLOYEES

FROM: G. DAVID GUNTARP, DIRECTOR

APPROVED: Signature on File EFFECTIVE: APRIL 24,2000

I. APPLICABILITY. This policy applies to Residential Services employees, contract medical staff and Arkansas Department of Community Correction (DCC) pregnant residents.

II. POLICY. It is DCC policy that residents are provided appropriate and timely counseling in planning for their unborn children and comprehensive health care services necessary to reach term or to interrupt pregnancy in accordance with applicable statutes, standards and regulations.

III. DEFINITIONS.

A. Staff. All employees paid by or engaged by contract to provide service(s) to the DCC.

B. Resident. Any individual incarcerated or confined in a DCC residential center.

IV. GUIDELINES. Comprehensive counseling and assistance shall be provided to pregnant residents in keeping with their expressed desire in planning for their unborn children. Counseling and social services shall be available through staff and/or community-based agencies as facilitated by staff.

V. PROCEDURE.

A. Initial Screening.

1. During intake into a residential center, an inquiry shall be made by appropriate staff as to the pregnancy status of all female residents. Inquiry and resultant response shall be made a permanent part of any intake screening document.

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2. A female resident who is obviously pregnant, or responds to the inquiry in a manner which may suggest that the resident may be pregnant, shall be referred to health care staff for immediate evaluation prior to placement in any institutional housing area. Intake staff shall record such health care referral as a permanent part of any intake screening document(s).
3. Upon receipt of intake referral, health care staff shall conduct an appropriate physical assessment of the resident to determine need for immediate examination by a physician or mid-level practitioner. The assessment shall include determination as to immediate need for prescriptive medication(s), dietary accommodation(s), and/or need for special housing or physical activity restriction(s). Health care staff shall record this assessment as a special entry within the resident's permanent health care record and make it available for review by the center physician or mid-level practitioner at the regularly scheduled intake health appraisal.

B. Health Services.

1. All residents entering a residential center shall receive a complete health appraisal within seven (7) calendar days of reception.
2. As part of this health appraisal, all female residents shall have a urine pregnancy test performed. Test results shall be made a standard entry to form MSF-100, Report of Physical Examination. Verification of early term shall be accomplished via a blood test.
3. The following shall be required of residents identified as pregnant:
 - a. examination by a physician to determine level of pregnancy term, i.e., 1st trimester, etc., and the need for supportive health services such as follow-up examinations, special laboratory procedures, diet, vitamins, referral to obstetrical care, and/or other special needs; and,
 - b. referral to the staff social worker for establishment of a post-delivery Infant Care Plan (see paragraph IV. C.).
4. A pregnant resident shall receive appropriate prenatal care from an obstetrician and routine acute/chronic care health support by residential center medical staff throughout her term of pregnancy while in DCC custody. In addition, health care and social service staff shall ensure that pregnant residents are provided access to prenatal/post-partum education and counseling assistance, as may be required, to prepare the pregnant resident for labor, delivery, and separation from her newborn after delivery.
5. As determined by and under the direction of the physician or attending obstetrician, medical staff shall coordinate the delivery of any required mental health services to ensure total care for the pregnant resident. Medical staff shall also coordinate with the attending obstetrician on matters related to hospital planning and discharge planning if the resident is subject to release from DCC custody prior to or at the time of scheduled delivery.

6. Health care program managers, in conjunction with attending obstetrical staff, shall ensure that a pregnant resident is provided a reasonable opportunity for post-delivery contact and interaction with her newborn child. For purposes of this Regulation, 'reasonable' shall mean no less than 24 hours post-delivery,
7. Reasonable and prudent correctional practices shall be applied to pregnant residents. The use of security restraint devices, such as handcuffs/shackles, etc., shall be in accordance with established policy. At no time shall any such device be applied to a pregnant resident during the final stages of active labor, while occupying a delivery room, or if such application is determined by a physician to be a health risk to the unborn child or the health status of the resident. In situations where there exists a valid concern as to the appropriate level or degree of security restraint device(s) to be applied to a pregnant resident, the DCC Deputy Director of Residential Services shall be contacted.

C. Infant Care Plan.

1. Upon the identification or confirmation of pregnancy, all pregnant residents shall be referred to the social worker who shall be responsible for development of an Infant Care Plan.
2. The plan shall be styled as a 'Patient's Living Declaration' with the following components being required:
 - a. A statement by the pregnant resident as to her desire to go full term with pregnancy and her plan for the placement of the infant post delivery, which may include adoption should that be the desire of the resident.
 - b. Identification of that person(s) who shall assume care and custody of the infant post-delivery and until such time as the resident is released from custody/confinement of DCC.
 - (1) The person(s) identified by the resident as post-delivery custodian(s) must meet the eligibility requirements for visitation of residents.
 - (2) If the person(s) identified by the resident as post-delivery custodian of the infant is a blood-relative of the mother or infant, a durable Power of Attorney shall be required to take custody of the resident's child. A durable Power of Attorney is not required of a legal spouse.
 - (3) If the person(s) identified by the resident as post-delivery custodian of the infant is not a blood-relative of the mother or infant or legal spouse, the custodian shall be required to petition and obtain an Order of Appointment as Temporary Guardian for a Minor.
 - c. If the staff social worker determines that the proposed custodial candidate does not meet visitation eligibility requirements, he/she shall meet again with the resident to determine an alternative custodian.

- d. If the proposed custodian meets the visitation eligibility requirements, the social worker shall refer the candidate to DHS for a background check within the DHS Child Abuse Registry. DHS shall communicate findings of such review to the social worker.
- e. Any custodial candidate who does not meet visitation eligibility requirements or who appears on the DHS Child Abuse Registry will not be approved as a custodian by DCC. DHS Division of Child and Family Services may, upon application by the resident, have the discretion to approve a custodial candidate found ineligible pursuant to DCC criteria.
- f. Person(s) who meet the conditions of paragraph C.2.b.(2) or C.2.b.(3) herein, to include legal spouse, shall, in addition to any other requirements, be required to submit a notarized statement of understanding that, upon delivery of the infant from a resident confined in DCC, the person(s) designated shall assume all financial responsibility for the infant and after delivery; this to include any intensive care services or protracted hospitalization needs that may be required for the infant.
- g. Should a resident be unable to identify a person(s) who meets the conditions specified by paragraph C.2.b.(2) or C.2.b.(3) herein, the social worker shall make immediate referral of the case to the Division of Child and Family Services, Arkansas Department of Human Services.

D. Termination of Pregnancy.

- 1. DCC shall not intentionally be engaged in the decision-making process of a resident to seek termination of her pregnancy.
- 2. Should a resident desire to seek termination of her pregnancy, a written request shall be submitted to the physician who shall thereafter conduct an interview with the resident and coordinate thereafter an appointment with an appropriate community-based Family Planning Clinic.
- 3. DCC shall accommodate transportation of a resident to and from any scheduled appointment with a community-based Family Planning Clinic. All costs, including transportation costs, associated with the appointment or any subsequent services determined necessary and with the informed consent of the resident shall be borne by the resident, her family, or other third-party payer. DCC shall not authorize the expenditure of any State funds for the purpose of paying for the interruption of a pregnancy EXCEPT in cases of saving the mother's life or as otherwise required by federal law.

- E. Any pregnant resident who determines it necessary to complain on her own behalf regarding the requirements or application of this Administrative Directive is directed to address such complaint in accordance with the Administrative Regulation and Administrative Directive titled Grievance Procedures for Offenders.

- F. Any case, case matter or day-to-day procedure not adequately addressed by the requirements of this Administrative Directive shall be referred to the attention of the DCC Deputy Director of Residential Services for review and direction.

VI. STANDARDS.

American Correctional Association (ACA) Standards for Adult Community Residential Services, 3rd Edition, 3-ACRS-4E-23.